Quality of Care Summary: January to June 2025

Between 1 January and 30 June 2025, South West HHS's key achievements included:

- ✓ Driving forward opportunities to engage staff, communities and partners in development of key strategic priorities – including a co-designed Disability Strategy and Action Plan, co-designed with people who use our services and staff to ensure a more equitable and inclusive service.
- ✓ Ongoing meetings of the South West HHS First Nations Health Equity Committee, comprising Chief Executive Officers of our key partners, to drive forward First Nations Health Equity commitments. A First Nations Peak Advisory Committee was also launched, comprising key staff and partner representatives and a key Memorandum of Understanding was signed with partners.
- ✓ Continued delivery of our Clinician and Employee Engagement Strategy and Consumer and Community Engagement Strategy - you can find six month progress updates at respective pages on our website.
- ✓ Alongside our key partners, continuing to provide a range of health, mental wellbeing and resilience promotion activities across South West communities – including the Wellness my Way partnership with Health and Wellbeing QLD.
- ✓ South West HHS services to our communities continue to be amongst the most timely and clinically safe in Queensland, and our services were also effectively maintained during the impacts of bushfire and weather and events, particularly across western communities.

Through the hard work and dedication of our staff and teams, South West HHS has continued to deliver high rates of favourable performance. However, in keeping with other health providers, our challenges included:

- Ongoing recruitment challenges – whilst easing in some areas where positions have been filled permanently over recent months – and activity demand, continue to be appropriately risk managed to ensure continuity of safe and effective care.
- Ensuring all our patients received their elective surgeries and endoscopy investigations within clinically recommended times – due in part to availability of external services.
- Ensuring care plans for all of our mental health clients were routinely reviewed within 91 days over the past 12 months. This is however being overcome by the welcome addition of permanent staff and other data management support within our services.

Looking ahead to 30 December 2025 we will continue to:

- ❖ Further collaborate with communities, staff and our partners to co-design a new four-year Strategic Plan and supporting documentation.
- ❖ Progress First Nations Health Equity *Our Way – Together* commitments, including a zero tolerance statement for racial discrimination and / or institutional racism and development of a new three year plan.
- ❖ Further progress our commitments towards reducing historical health inequalities, promoting partnership working, improving our working environments and defining new models of service and care for the benefit of South West communities in a sustainable manner.
- ❖ Progress the South West Queensland Primary Care Collaborative, Darling Downs-South West HHS Medical Pathway and other nursing, allied health and profession specific initiatives to enable our staff work to top of scope in a clinically safe and sustainable way – and pursue opportunities to nurture a locally based workforce and provide a viable pathway to live and learn closer to home.
- ❖ Work to deliver our Queensland State Budget commitments, backed by a 9% increase in funding, to further support the government's commitments for the community.

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Performance snapshot – at 30 June 2025

Between 1 January and 30 June 2025, South West HHS continued to deliver strong levels of safe, effective, and equitable care against its performance expectations.

The following table below provides a summary of our performance against key performance indicators at 30 June 2025 (unless otherwise indicated)

Key Performance Indicators	Why is this important?	Target	Our performance
Emergency Presentations			
Emergency Department (ED) length of stay: % of emergency stays within 4 hours	*Measures the timely transfer of emergency patients to an inpatient bed or discharged home - reflecting overall effectiveness of hospital patient flow processes from ED*	≥ 80.0%	88.4%
ED wait time by triage category	*Time in minutes for each ED presentation to commencement of treatment - at 2 / 10 / 20 / 60 / 120mins - with Category (CAT) 1 being highest priority*	Cat 1: 100%	100%
		Cat 2: ≥ 80%	99.8%
		Cat 3: ≥ 75%	97.4%
		Cat 4: ≥ 70%	97.3%
		Cat 5: ≥ 70%	97.4%
Patient Off Stretcher Time	*Timely transfer of patient from an ambulance stretcher to ED bed within 30mins*	≥ 90%	97.4%
Surgical procedures[1]			
Elective surgery: category 1 patients (30 days)	*Measures the percentage of patients who received their elective surgery within clinically recommended time with CAT 1 being the highest priority.*	CAT 1: ≥ 98%	82.4%
Elective surgery: category 2 and 3 patients (90 / 365 days)		Cat 2: ≥ 95%	92.9%
		Cat 3: ≥ 95%	96.0%
Category 4 gastrointestinal endoscopy patients (GIE) treated within 30 days	*Percentage of patients who received their GIE within clinically recommended times, with CAT 4 being the highest priority.*	Cat 4: 98%	72.1%
Category 5 and 6 GIE treated within clinically recommended time (90/365 days)		Cat 5: 95%	81.7%
		Cat 6: 98%	48.3%
Dental Services			
Access to oral health services	*The percentage patients waiting less than two years for treatment*	≥85%	100%
Preventative Oral Health activity	*A healthy mouth has general health benefits. Preventive services delivered to public dental patients, help improve and maintain the health of teeth, gums and soft tissues*	17%	21.2%
Access to emergency dental care for adult public dental patients	*Measures the percentage people who received emergency dental care with Code 1 being the highest priority*	Code 1 (1 day): 100%	100%
		Code 2 (3 days): ≥95%	Nil patients
		Code 3a (5 days): ≥85%	95.5%
		Code 3bc (10 days): ≥80%	95.7%
		Code 3d (31 days): ≥75%	99.8%

[1] Ensuring all South West Elective Surgical and GIE patients received treatment within their clinically recommended timeframes has, at times, proved challenging due in part to high levels of demand throughout the year. However, reported performance has continued to improve compared to the previous six months.

In total, 949 of 1,018 elective surgical procedures were provided in time, with SWHHS's all CAT treat in time rate of 93.2% favourable to statewide rate. In total, South West HHS provided six more elective surgeries during 2024-25 than the prior year. Of note, the 82.4% rate for CAT 1 patients equates to 122 of 148 patients being treated within their required 30 days. Where this was not achieved - effectively two patients per month - patients were risk managed and scheduled for the next available booking.

Overall, 351 of 471 GIE procedures were provided in time, with SWHHS's all CAT treat in time rate of 74.5% favourable to statewide rate.
Of note, the 72.1% rate for CAT 4 patients equates to 156 of 191 patients being treated within their required 30 days. Where this was not achieved - effectively three patients per month - patients were risk managed and scheduled for the next available booking.

Access to Services				
	Telehealth utilisation rates	*To achieve a full year target of 4,350 approximately 363 occasions of service/mth are required.*	100%	**113.2%** 5,110 provided in total, or +760 over target
	Smoking cessation clinical pathway – public hospital inpatients, dental clients and community mental health episodes	*Supporting people who access our hospital, dental or mental health services who wish to quit smoking*	Inpt: ≥85%, with ≥60% completed	**93.5%** / **78.2%** (31 May 2025)
			Dental: ≥80%, with ≥60% completed	**96.5%** / **98.7%**
			Mental Health: ≥85%, with ≥60% completed	**48.7%**[2] / **98.0%** (31 May 2025)
	Proportion of mental health service episodes with a documented care plan	*Ensuring mental health clients have a current care plan*	≥85%	**75.4%**[2]
Quality and Safety				
	Hospital Acquired Complications	*Total number of complications arising from care in a SW facility (across 14 categories)*	N/A	**12** At 30 April 2025, this was 19 less than April 2024
	National Sentinel events	*Specific patient safety events that are wholly preventable and result in serious harm, or death (across 10 categories)*	Nil (quarterly data)	**Nil** (31 December 2024)
	SAC reporting	*Completion of Severity Access Code 1 reviews within 90 days – reviewing incidents that have or could have caused serious harm or death, and making improvements*	≥ 70% (quarterly data)	**50%**[3] At 31 December 2024: One of two cases not completed in time
	Healthcare-associated Staphylococcus Aureus (including MRSA) rates	*Rate of healthcare associated infections per 10,000 acute public hospital patients*	≤2 per 10,000 bed days (quarterly data)	**Nil** At 31 December 2024
	Complaints resolved within 35 calendar days	*Percentage of submitted complaints within 35 days, ensuring feedback is resolved in a timely manner*	≥ 80% (quarterly data)	**100%**

Further information regarding our performance is also maintained on the Queensland Health website

If you require more information, or would like to suggest further measures for inclusion in this summary please contact us at: SWHHS-EDGSP@health.qld.gov.au

[2] Mental health care plan performance is a 3% improvement compared to June 2024 South West continues to work towards achieving its 85% target through improved management of scheduled review dates for clients to ensure individual plans remain current. Rates of clients who voluntarily disclose smoking cessation status are currently below target, although nearly all clients who do subsequently progress to a cessation support pathway. Through measures introduced during the financial year, progressive steps to improve performance were achieved during the six months to June 2025, with the final quarter delivering an average of 83% per month.

[3] One of two SAC1 reviews completed outside of 90-day target. Following an incident during September 2024, required review was formally completed in January 2025 (total: 128 days duration) – delay was due in part to time required to secure an available independent external assessor to participate in required review, which was then completed during the Christmas / New Year period.